Strategic Plan 2006-2011

Aging & Disability Services Administration

Washington State Department of Social & Health Services
Aging & Disability Services Administration

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Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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Executive Summary

Executive Summary

At the start of the FY 05-07 biennium, the reorganization that combined the Department of Social and Health Services' Division of Developmental Disabilities (DDD) and the Aging and Adult Services Administration into the Aging and Disability Services Administration (ADSA) will be less than three years old. Each of the organizations has its own long history including its own cultures, service philosophies, and methods of planning for the future. For example, services for older persons and persons with disabilities have historically used a more medical model while planning for services for individuals with developmental disabilities has focused on a competency based model. These differences will continue to need attention and coordination in the future. However, in this strategic plan we attempt to embrace the important concept that what we share is far more important than any differences we have. The ADSA client base, whether persons with developmental disabilities, older persons, or younger persons with disabilities is growing and their needs are becoming more complex. Resources to serve these individuals are limited. In order to stretch limited resources, services must be consistent, appropriate, of good quality, coordinated, cost-effective, and supportive of self-direction and self-sufficiency. As an organization we must be efficient, effective, well-coordinated, and accountable.

The strategic plan centers on the goals of:

- Providing appropriate, quality services in the least restrictive, most cost-effective setting appropriate to clients' needs.
- Ensuring that eligibility, assessment, case management, and care planning are holistic, and coordinated.
- Ensuring that programs support and encourage self-sufficiency and self-direction.
- Ensuring that the public understands and supports ADSA programs.
- Improving customer satisfaction.
- Ensuring that services are cost-effective to the State of Washington.
- Developing well-coordinated and funded early intervention and prevention programs that have a positive impact on the individuals' lives and that reduce the need for future services.
- Operating as one coordinated administration for the benefit of clients.

ADSA values the input of individuals, families, communities, tribes, service providers, and our service partners such as the counties and Area Agencies on Aging. We have shared the strategic planning process with these groups and received useful comments and suggestions from them. We look forward to continuing to work with these groups as we work towards achieving the goals laid out in the plan.

Chapter 1 ● Our Guiding Directions

MISSION

The Aging and Disability Services Administration assists children and adults with developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities to access needed services and supports.

ADSA helps individuals and their families develop and maintain self-sufficiency; remain valued and contributing members of their community; and maximize quality of life by managing a system of long-term care and supportive services that are high quality, cost effective, and responsive to individual needs and preferences.

To achieve this purpose, we:

- Partner with individuals, families, consumer advocates, community organizations, local governments, tribes, state agencies, service providers, and other stakeholders to promote, plan, develop, and manage a coordinated long-term care and supportive services program.
- Develop a consistent, reliable, and cost-effective service system that is responsive to diverse consumer needs and adaptable in response to the changing needs of consumers and the community.
- Promote quality, safety, access, accountability, and non-discrimination in our service system.
- Manage state and federal resources prudently and employ efficient business practices that incorporate the use of regular program reviews and continuous quality improvement for maximum public benefit.

VISION

The Washington State Aging and Disability Services Administration (ADSA) works with individuals and their families, consumer advocates, tribes, providers and multiple community partners to assist individuals and families to plan for and manage their long-term care needs and responsibilities.

We achieve success by supporting individuals, families and caregivers; promoting early intervention services; expanding service options; and continuously improving quality of care in all settings. We contain overall costs by promoting prevention and self-sufficiency, reducing the unnecessary use of the most expensive services, and reducing the need for future services or resources.

For those individuals with chronic illness, cognitive impairment, developmental disabilities, and functional disabilities who need and are eligible for Medicaid-funded services, we envision an increasingly integrated health care program; one that delivers seamless medical, habilitative, mental health, long-term care, employment and supportive services in the individual's own community. The program will be accountable for high standards of preventive health, service quality, community integration, continuity of care and support, economic value, and consumer satisfaction.

GUIDING PRINCIPLES/CORE VALUES

ADSA VALUES:

- Individual worth, dignity, respect, self-direction and self-sufficiency.
- Freedom from abuse, neglect, abandonment, financial exploitation, and discrimination.
- Family caregivers' critical role in providing support
- Prudent management of state and federal resources and employment of accountable, efficient, research based practices for maximum public benefit

ADSA's GUIDING PRINCIPLES:

- Services that enable people to remain in their own home and community, whenever possible.
- Support for families and caregivers that improve client outcomes.
- Appropriate prevention and intervention services and policies to help alleviate future crises, maximize individual and family potential, and reduce the need for future, more expensive services.
- A cost-effective array of services to respond to diverse needs.
- Monitoring quality, safety, and accountability of federal and state licensed residential care facilities, in the interest of residents, regardless of payment source.
- Prudent use of funds to serve those with the most critical needs first.
- Clear and consistent policies and procedures necessary to produce a reliable, accountable service system.

STATUTORY AUTHORITY

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.
- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, authorizing home and community-based services as an option to nursing facility or institutional services.
- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.
- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.
- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.

- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.
- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.
- RCW 74.39.050 authorizes self-directed care.
- RCW 18.51 authorizes the nursing facility license functions.
- RCW 18.20 authorizes the boarding home license functions.
- RCW 74.46 authorizes the nursing facility payment system.
- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.
- RCW 74.39 authorizes in-hospital LTC assessment.
- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.
- RCW 70.128 authorizes the Adult Family Home program.
- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.
- RCW 70.195 establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.
- RCW 74.14A establishes policy for children with emotional disturbances and mental illness, potentially dependent children, and families in conflict.
- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 18.18A authorizes delegation of selected nursing functions.
- RCW 71A provides for services to persons with developmental disabilities.
- Washington State Constitution – Article XIII, Section 1 authorizes institutions for the benefit of persons with developmental disabilities.

Chapter 2 ● The People We Serve

INTRODUCTION TO PROGRAMS

ADSA brings together, under one administrative organization, the major long-term care and supportive service programs designed for children, adults and seniors with disabilities, developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities. The array of services includes assessment; service planning; case management; referral; early intervention and prevention services; employment services; home and community support and services; a wide range of community-residential care options; nursing facilities; and residential habilitation centers for persons with developmental disabilities. Services are delivered either directly by ADSA employees or through partnerships with counties, Area Agencies on Aging, contracted agencies or individual providers.

ADSA administers a budget of approximately $3.6 billion per biennium and directly employs more than 4,500 people to provide services for individuals in all stages of life, from birth through life. The following is a brief description of some of the services we provide.

PROGRAM DESCRIPTION

Information and Assistance and Case Management

ADSA provides services to ensure that individuals and families receive assistance identifying and understanding their options as they plan for their care and support needs. Another critical responsibility is to ensure that care provided through state-funded services is managed with a goal of obtaining appropriate, good quality, cost-effective services.

Case managers assess the needs of individuals and their families and connect them to available supports and services. Case managers coordinate planning and development of resources, authorize payment for any state-funded services, monitor and review service delivery, provide information about available services, refer persons to other sources of support, and assist individuals in crisis by linking them to resources.

Historically, the case management function has been handled differently as we worked with persons with developmental disabilities and older and disabled individuals. DDD case managers play a broad role in assisting individuals and families who need services. DDD case managers determine eligibility for DDD services and provide case management services for individuals who may or may not receive services funded by the state. "Developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition closely related to mental retardation or requiring treatment similar to that required for individuals with mental retardation. To be eligible for services through the Division of Developmental Disabilities, the disability must have originated before age eighteen, be expected to continue indefinitely, and constitute a substantial handicap to the individual.

For long-term care services, case management is focused on persons receiving Medicaid funded services. ADSA employees throughout the state assess individual needs, and determine financial eligibility, develop service plans, and refer clients to services for state-funded long-term care programs. If an individual is determined eligible for state-funded long-term care in their own home, ongoing service planning, case management and monitoring are provided by the local Area Agency on Aging. If an individual is determined eligible for state-funded long-term care provided in a community residential setting such as a boarding home or adult family home, or in a nursing home, state employees provide service planning, ongoing case management and monitoring.

A broader informational function for individuals and families who need long-term care services is provided through contracts with Area Agencies on Aging statewide to operate Information and Assistance (I & A) programs. I&A programs provide "one-stop shopping" for individuals and families who need to learn about available long-term care options and resources.

Early Intervention and Prevention Services for Children

Early Intervention Services are intended to enhance the development of eligible infants and toddlers and enhance the capacity of families to meet the special needs of their children. The Infant Toddler Early Intervention Program (ITEIP) enhances and coordinates existing early intervention services for approximately 6,500 children ages birth-to-three and their families during a year (approximately 3,600 children

and their families are served on a single day). The program assures that federal service standards are followed. These services include family resources coordination, therapies, and family training and counseling for children ages birth-to-three, with developmental delays or disabilities, and their families.

This program allows families to access early intervention services statewide and in their local communities. To ensure the statewide service delivery, a multi-agency system and data collection mechanism, ITEIP contracts with locally-designated lead agencies. Local Lead Agencies responsible for services within their geographical area hire Family Resources Coordinators who assist families through a community team process to complete an Individualized Family Service Plan (IFSP). The IFSP defines services, settings and funding sources to assist in meeting the developmental needs of the child.

Approximately 70 percent of the children served are eligible for Medicaid services. Over 19 percent of all infants, and toddlers, and their families served by ITEIP are no longer eligible for special education services as they exit the ITEIP program.

Employment and Day Programs

Approximately 40 percent of adults enrolled by DDD are involved in an employment or day program. DDD supports employment and day services, including child development services, through contracts and partnerships with county governments. The counties select and contract with service providers or directly provide many of the employment and day services. Services include:

- Employment services that provide ongoing support for persons with paid jobs;
- Community access programs that emphasize development of social, communication, and leisure skills for individuals whose age or disability limits participation in employment;
- Child development services that are coordinated with the Infant Toddler Early Intervention Program, including therapy, education, family counseling, and training provided to children until age three when they become eligible for programs through public school or other community programs.
- Person-to-person services, which help individuals articulate a personal vision for life in the community, including employment; and locate sources of personal support in the community to enhance that vision.
- Time-limited individual and family assistance services to help individuals and families use natural and informal community supports
- Information and education services to assure that individuals and families have current information about supportive services.
- High School Transition, which works with school districts to prepare individuals with developmental disabilities who are leaving high school for employment opportunities.

Long-Term Care Services

Long-term care services are available to meet, or to help informal caregivers to meet, an individual's needs for supervision, assistance with activities of daily living, help with personal care, nursing, or other supportive services. Long-term care services are available in settings ranging from a person's own home to institutional settings such as nursing homes or Residential Habilitation Centers (RHCs)

In-Home Services

Services provided in an individual's own home are structured to allow an individual to remain living in his or her own home rather than moving to a residential facility. Services include assistance with activities of daily living such as eating, dressing, or mobility. They are provided either by an Individual Provider (IP) who is hired directly by the person needing assistance or by a caregiver who works for a home care agency. ADSA pays for IP or home care agency services for Medicaid eligible individuals.

Area Agencies on Aging are important partners in providing ongoing case management and service monitoring for individuals who receive services in their own homes. Additionally, the Home and Community Services Division of ADSA (HCS) receives and investigates complaints of abuse or neglect of vulnerable adults who live in their own homes. The Adult Protective Services (APS) complaint investigation service is available to any vulnerable adult living in his or her own home, regardless of whether he or she receives long-term care services. APS also investigates complaints when a vulnerable adult resides in a residential setting and the alleged perpetrator is not an employee of the setting.

Residential Services

The most commonly used residential options include group homes, adult family homes, boarding homes, community Intermediate Care Facilities for the Mentally Retarded (ICF/MR), State Operated Living Alternative (SOLA), and supported living programs. Residential settings may be licensed facilities (boarding homes, adult family homes, group homes, ICF/MRs) or smaller, non-licensed settings in which individuals may share housing and services (SOLA, supported living). Services in residential settings may include supervision, personal care, room and board, and limited nursing. In addition to providing direct care, residential providers may help persons with developmental disabilities learn new skills such as shopping, cooking, managing money, and using community resources.

Residential options range from small (1-2 individuals) to large (boarding homes have on average of 46 beds). ADSA contracts with providers of the various residential options for services for individuals who are eligible for Medicaid. The Residential Care Services Division of ADSA (RCS) licenses adult family homes, boarding homes, and nursing homes statewide, regardless of whether the facility contracts to provide Medicaid services. RCS is also delegated authority from the federal Centers for Medicare and Medicaid Services (CMS) to certify nursing homes for the Medicare and Medicaid programs. RCS maintains the complaint investigation function for these licensed facilities.

Nursing homes are privately-operated facilities, licensed by the state, and contracted with ADSA to provide services for individuals who are eligible for Medicaid. Residential Habilitation Centers (RHCs) are state-operated facilities that serve

persons with developmental disabilities. They may be certified as ICF/MRs or as nursing facilities.

Other services

Some families of children with developmental disabilities participate in the Voluntary Placement Program which allows birth or adoptive parents to retain custody of their child while participating in shared parenting with foster care providers.

In addition to services in the settings discussed above, ADSA provides supportive services intended to help prevent the need for future, more expensive services. These services may be contracted through counties, Area Agencies on Aging, private agencies, or individual providers and may include medical, dental, professional therapies, transportation, medically intensive services, family caregiver support, adult day health, home-delivered or congregate meals, respite care services, nutrition education and health promotion/disease prevention and legal services.

Chapter 3 ● Environmental Context

DEMOGRAPHIC TRENDS

Long-term care is or will be an issue and the concern of virtually every family in Washington State. Individuals are living longer, the population is aging, advancements are being made in medical technology that result in successful supports to children with disorders at the time of birth that may previously have proven fatal. Additionally, the incidence of some conditions such as autism and dementia has increased over time. All these factors have resulted in a growing number of persons living with chronic illness, cognitive impairment, and developmental and functional disabilities who require assistance. The primary resource for long-term care continues to be family and friends.

The "Baby Boomer" generation is now experiencing the dramatic social, emotional and financial impact of parent care responsibilities. Parents of children with developmental disabilities are increasingly caring for their children at home. More grandparents and other relatives find themselves as primary caregivers to their grandchildren or other kin. However, numerous changes in family circumstances and work life have reduced the capacity of family caregivers to meet all the needs of their loved ones. The result is an increasing demand for improvement and expansion of the state long-term care system to support and complement the work of informal caregivers.

Client Characteristics

ADSA clients range in age from newborns to the oldest Washington state residents.

The Infant Toddler Early Intervention Program (ITEIP) serves approximately 6,500 children, ages birth to three years, and their families.

Additionally, ADSA projects an average monthly Medicaid long-term care (LTC) caseload of approximately 45,000 older adults and adults with disabilities. Seventy percent of these clients are over age 65 with 30 percent aged 18-64. An individual must have a substantial unmet need for assistance with an Activity of Daily Living (ADL) to qualify for Medicaid services.

In addition, the administration anticipates providing case management for almost 33,000 individuals with developmental disabilities and arranging for paid services for approximately 23,600 of these clients.

Program experience indicates rising acuity in long-term care programs serving older adults and adults with disabilities. There are a growing number of high-risk clients with complex medical conditions, prescription drug requirements, cognitive deficits and functional and developmental disabilities. ADSA serves an increasing number of people with highly complex and challenging medical, psychiatric, and behavioral conditions. A 1997 study found that almost half of DDD clients have special needs in addition to their developmental disability, such as community protection issues, mental illness, language or cultural difference, and families who have difficulties coping with these special needs.

The caseload of individuals needing long term care and supportive services requires a complementary set of medical, prescription drug, personal care, and supportive services. ADSA is working with DSHS partners to coordinate services through the Medicaid Integration Project (MIP). We anticipate that the outcome will be better coordination of care, better client outcomes, and cost-effectiveness. Additionally, ADSA has developed the CARE assessment instrument to better meet the need for holistic care planning. Chronic care coordination will link the health care & long term care systems

Beyond the Medicaid population, ADSA provides quality assurance for all community-residential and nursing facilities, regardless of the resident's payment source. This broader constituency includes individuals with increasing levels of acuity (health, mental health and functional needs).

Larger numbers of individuals with a wide range of disabilities will impact the caseload and capacity of the Adult Protective Services and Residential Complaint Investigation programs. Additionally, increases in the ethnic and linguistic characteristics of the population and increasing numbers of people with medical, psychiatric, and behavioral challenges will make program development and implementation more challenging.

THE EXTERNAL ENVIRONMENT

Olmstead Decision

The U.S. Supreme Court has ruled that people with disabilities have a civil right to medically appropriate home and community-based services under the Americans with Disabilities Act. For more than a decade, Washington State has demonstrated a commitment to providing services to individuals in the least restrictive setting possible and expanding community-based services.

Self-determination trends

Nationwide, people with developmental disabilities and younger adults with disabilities are calling for self-determination and choice, and an affirmation of the philosophy that people should be able to find the supports they need in their own communities in typical settings. This trend towards more individualized services is reflected in the fact that more and more families and individuals are directing their own early childhood programs, family support budgets, employment programs, and long-term care choices. Even in the most structured settings in the community, which are 24-hour living arrangements, choice and self-direction of services is evaluated based on the individual's service plan.

For several years Washington has had programs and projects to help individuals and their families have more choices of supports and services. People who need Medicaid Personal Care providers, respite, or alternative living services have the opportunity to choose and employ their own provider. State Supplementary Payments (SSP) are cash grants that allow some flexibility in the choice and control of dollars. Opportunities for participation in self-directed services for employment or day programs are also growing.

National Health Policy

Health care costs continue to rise. Economic recession has resulted in the loss of health insurance along with jobs. The escalating population of uninsured (44 million and growing) has produced various coalitions of consumers, business and providers advocating for policy changes and resources. The backlash against "managed care" produced legislation on "patient's rights" but the U. S. Congress is deadlocked on the issue.

The combination of huge tax cuts, economic downturn and military investments has turned the federal budget to deficit. New health care expenditures, if any beyond Medicare reform, are expected to be very limited. The health system is widely considered to be in critical distress but no consensus exists for major reform. The issue will be further explored during the 2004 presidential election season.

An emerging national focus is on the importance of healthy aging, physical activity, nutrition, and obesity and chronic disease prevention efforts. The federal Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control, and Administration on Aging have made chronic disease prevention a priority, especially related to diabetes and heart disease.

Medicare Reform

Very strong public support and a broad political consensus finally led the U. S. Congress to enact a compromise Medicare prescription drug benefit (signed by the President on December 8, 2003). However, there are pronounced partisan differences, technical complexities and benefit gaps associated with the new program, which goes into effect in 2006.

Major controversy surrounds the "donut hole" built into the prescription benefit in order to constrain total cost, the proper role of private health plans and the provisions for cost containment. The federalization of prescription benefits for Medicare-Medicaid dually eligible individuals may ease the financial burden on state Medicaid programs.

The new legislation includes some preventive health measures and some initiatives and demonstrations aimed at improving chronic care management. This may or may not present a new direction for national health policy.

Medicare & Medicaid Opportunities

In recent years the Robert Wood Johnson Foundation has assisted the development of innovative strategies to link Medicare and Medicaid benefits. A growing number of states are exploring projects that integrate primary, acute and long-term care services for seniors dually eligible for Medicare and Medicaid (M&M). The National Association of State Medicaid Directors and the federal Centers for Medicare and Medicaid Services (CMS) established an M&M Technical Advisory Group to promote data integration, policy changes and pilot projects based on the comprehensive benefits available for dually eligible seniors. Early in 2003, CMS announced a Medicare Demonstration focused on chronic care management for M&M dually eligible individuals. Additionally, CMS has recently announced the availability of matching funds for development of disease management projects.

Washington State Long-Term Care Policy

Budget cuts have constrained the regular investments needed to strengthen and expand ADSA's Long-Term Care and Developmental Disabilities programs.

On the positive side of the ledger, Washington's policy for the last several years has been to serve people, where possible, in their own home or in other community settings. These options are less costly than settings such as nursing home or Residential Habilitation Centers (RHCs). The Medicaid nursing facility caseload has continued to fall from the 16,000 level to the 13,000 level in the last several years. A similar shift has taken place in the DD program as caseload shifts from the RHCs to community support programs. In FY 01-03, 62 individuals were moved, at their request, from RHCs to a community placement. In FY 03-05, there is funding available for approximately 36 additional transfers to community settings.

The public demonstrated its support for services in clients' own homes with the 2001 creation of the Home Care Quality Authority (HCQA). Negotiations between HCQA and the Service Employees International Union resulted in a 2003 proposal for wage increases for home care workers of $2.00 per hour. The Legislature and the Governor ultimately approved a wage increase of $.75 per hour effective October 2003. In 2004, the Legislature approved an additional $.50 per hour wage increase for home care workers on October 1, 2004 and legislative budgets fund health care benefits and worker's compensation coverage for Individual Providers.

Balancing its expanded funding for in-home wages, the Legislature applied new limits on caseload growth in home and community programs serving the elderly and persons with disabilities. The 2003 Legislature tightened Medicaid Personal Care eligibility and placed an enrollment growth cap on the long-term care program's home and community based waiver. The Legislature considered a cost-containment initiative for the DD program but did not ultimately apply that mandate. As will be discussed, ADSA chose to develop its own cost containment project in the Division of Developmental Disabilities.

Washington Medicaid Integration Project (WMIP)

Secretary Braddock has charged the Assistant Secretaries of Aging & Disability Services (ADSA), Medical Assistance (MAA) and Health & Rehabilitative Services (HRSA) to collaborate on a major strategic initiative to coordinate health and long-term care services for high-risk Medicaid clients jointly served by their administrations. MAA, ADSA and HRSA together account for 78% of the DSHS budget. The aged/blind/disabled population is only 21% of the MAA caseload, but account for 40% of the MAA budget. This same population accounts for two-thirds of the entire Medicaid budget and four-fifths of the prescription drug component.

The goal of WMIP is to prevent or delay the progression of chronic illness and disability and to achieve significant savings in the fast-growing Medicaid budget. Snohomish County was identified as the location for this demonstration project coordinating health and long-term care services. The project will involve community partners and thousands of Medicaid clients. Initial services will include drug and alcohol abuse treatment, medical services, and mental health care. While long-term care and services specifically for persons with developmental disabilities will not initially be part of the Snohomish County project, the WMIP contractor will be expected to coordinate such services with designated ADSA staff and/or community case managers. The integration of long-term care services will most likely occur

within twelve months of the October 2004 enrollment start date. There will be ongoing discussions with the successful bidder concerning the possibility of including services specifically for persons with developmental disabilities in the future.

Budget Challenges for Long-Term Care & Developmental Disabilities Programs

As discussed, the numbers of individuals needing long-term care and support services is growing rapidly. Growth in funding for long-term care and support services caseloads and programs tends to be directed towards responding to crisis situations. There is a need for growth in lower-cost programs such as family support and employment programs to allow individuals to live with their families and perhaps avoid ever needing crisis-related services.

ADSA's long-term care and support services programs are based on limiting unnecessary institutional capacity and utilization, while expanding the use of more cost-effective home care and community-residential settings and supports. This strategy requires a continuity of investment in quality assurance, case management, information technology and support services throughout the continuum of services.

This strategy also requires reasonable payment rates for providers and higher wages for the low-income workforce, which is the mainstay of the system. Without these regular incremental investments, quality service options will suffer.

In the long term, the state budget will be hard-pressed to finance the anticipated growth in demand for Medicaid long-term care and supportive services. Pending policy and finance reform at the federal level, the State of Washington faces the challenge of balancing options, quality and value within severe budget constraints. The preferred approach may be to tighten eligibility standards (if necessary) in order to protect the fundamental integrity of the service delivery system.

Liability risk is a major concern

In recent years both ADSA and our partners the Area Agencies on Aging have faced lawsuits regarding the state's perceived responsibility to ensure individual safety. Lawsuits challenge activities in our licensure programs, case management functions, and complaint investigation programs. One of the challenges that ADSA will face in years to come will be to make clear that our programs are intended to support individual choice but can never guarantee that the choices individuals make will never lead them to harm. We must focus energies on educating individuals, families, and communities on their shared responsibilities in monitoring care and avoiding potential negative outcomes.

Accountability

The Division of Developmental Disabilities has recently been reviewed by a variety of oversight agencies with concerns raised about program accountability. In 2002 CMS raised concerns over management of the CAP waiver. In 2002, and 2003, reports by the state's Joint Legislative Audit and Review Committee raised concerns over accountability in DD assessment and case management processes, and management controls. DSHS responded to the concerns by merging DDD with the Aging and Adult Services Administration into the new Aging and Disability Services Administration. The reorganization included mandates from the Secretary for

organizational, management, and service delivery reforms to improve the accountability of DD programs.

As of early 2004, the new organization has been in existence for less than two years. Improvements have been made in processes for accounting and budgeting; data support; assessment and case management; waiver management; and provider monitoring. DDD has established a team of Quality Compliance Coordinators to facilitate the creation and application of consistent policy and procedures and support a reliable DDD service system.

Much work remains to be done to further unify the two organizations into one entity, focused on improving the lives of our mutual clients.

ACTIVITY LINKS TO MAJOR PARTNERS

ADSA has well-developed linkages to individuals and groups who have vital roles in the services we provide. These links are important as we plan and manage our programs. In some cases, partners may have interests that conflict with each other or with the restrictions or guidelines that ADSA operates under (a notable restriction that often provides tension between our partners and ADSA is budget limitations). However, ADSA is committed to working with partners to resolve differences, overcome barriers, and develop programs that meet individuals' needs.

During development of the strategic plan, ADSA sought input at various points from a wide variety of partners including governmental entities, advocate groups, providers, tribes, parents, and families.

In mid-March 2004, the ADSA draft strategic plan was posted on the ADSA Internet and Intranet sites. At that time, an e-mail message was sent to all ADSA staff and a long "Interested Party" list to notify them that the draft plan was available and that we would appreciate their comments.

The majority of comments on the draft strategic plan came from ADSA staff although there were comments from people on the Interested Party list and from those who independently found the plan on the Internet.

Stakeholder comments largely reflected the struggles that ADSA experienced when preparing this plan. That is, there are many areas that could benefit from more resources but there will never be adequate resources to meet all needs. Comments also reflected the natural tension between the ADSA's diverse responsibilities to ensure that services are good quality, while maintaining cost effectiveness, and ensuring access to needed services.

FUTURE CHALLENGES AND OPPORTUNITIES

Challenges include:

- Resources for services and prevention will always be scarce. Scarcity of resources manifests itself in an unstable workforce, high caseloads, and liability risks.
- Acuity of clients will continue to increase.

- Downsizing state institutions must be handled with needs of individuals & families in mind.
- The ADSA merger will continue to absorb energy.

Opportunities include:

- Home and community services are preferred and less costly than institutional services.
- Stable partnerships with counties and Area Agencies on Aging who are committed to providing quality services and case management for clients.
- Qualified, committed staff.
- A network of qualified, committed service providers
- The ADSA merger may improve service integration, and provide opportunities for efficiency and learning.
- Well-developed linkages to individuals, families, and stakeholders who are knowledgeable and anxious to participate in system improvement efforts.
- The integration of acute and long-term care services such as those anticipated in the Medicaid Integration Project may slow the progression of illness and disability and reduce costs.

Chapter 4 ● Goals, Objectives, Strategies and Performance Measures

ADSA has identified the following goals, objectives, and strategies for FY 05/07 and beyond. Although this work plan is ambitious, it will not fully address all the challenges and opportunities that can be foreseen for long-term care and supportive services. We anticipate that our partners and stakeholders will identify other activities that they plan to take on. We look forward to working with them to coordinate our activities and support them in their work to the extent possible.

A. IMPROVE CLIENT HEALTH AND SAFETY – PUBLIC VALUE

Goal 1: Appropriate, quality services are available in the least restrictive, most cost-effective setting appropriate to clients' needs.

Objectives:

- Develop and implement service delivery options that provide individuals with maximum choice, address individual's health and safety needs, and allow the state to provide service as efficiently and cost effectively as possible.
- Continue to support and strengthen quality assurance systems.
- Improve complaint investigation and crisis response systems.

Strategies:

- Participate in departmental development of computer links to share pertinent investigation information between DSHS databases.
- Continue work with other DSHS administrations and county programs to develop a plan for a generic crisis response system for clients at risk of harming themselves or others.
- Continue statewide DDD Quality Assurance meetings reviewing results of client safety measures.
- Monitor utilization of DDD crisis funds and improving availability of resources for crisis.
- Continue to work with partners such as Child Protective Services to protect the health and safety of children.
- Continue to improve evaluation and certification process for DDD service providers.
- Develop cost-effective nursing services and other enhancements to strengthen the capacity of boarding home/assisted living and adult family home models to support stable placement for clients with complex needs.
- Strengthen expert consultation and training for providers.
- Enhance capacity to meet the unique care challenges of individuals with dementia, developmental disabilities, and mental health service needs.
- Examine ways to identify counties that already have adequate residential resources and provide information to potential developers to avoid over-development of resources.
- Develop ability to track providers' compliance history and share that information across systems.
- Develop consumer-directed programs that allow consumers and their families more responsibility and authority to make choices about and manage services and supports, including seeking RWJ funding for cash/counseling project.
- Develop health/mental health/long-term care delivery models that strengthen chronic care coordination, improve health outcomes and reduce costs for high-risk Medicaid clients, including the Medicaid Integration Project, Medicare/Medicaid integration pilots, integrated service models combining adult day health with community-residential setting or home care for high risk clients, and projects targeted to high cost clients with disabilities that limit their mobility.
- Continue rural resource development including development of rural PACE project. Continuing development of resources on tribal lands.
- Identify and develop community resources to support increasing numbers of people with highly complex and challenging medical, psychiatric, and behavioral issues.
- Participate in development of strategies to improve the home care workforce, including better wages, benefits, performance incentives, training, improved oversight and a management database.
- Assist the Home Care Quality Authority to develop an effective referral/brokerage vehicle that will assist people with disabilities to successfully employ Individual Providers (IPs). Coordinating IP and agency home care capacity in order to serve the continuum of client needs.
- Develop more effective ways of providing in-home care, including support services, for people with dementia, increasing availability of assistive technology; improving in-home access to skilled health treatments and services; stronger tools for money management (protective payee/bill paying); and family support.

- Work with Home Care Quality Authority to develop methods to improve employer information on past performance of prospective caregivers.

Measures
- Percent of inspection/complaint visits in NH/BH/AFH timely completed
- APS complaint visits timely completed
- Turnover in numbers of DDD residential providers
- Average cost/case of services
- Percent of caseload served in home and community settings

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☒Public ☐Customer ☐Financial ☐Internal ☐Learning & Growth

Goal 2: Eligibility/assessment/case management/care planning determinations are appropriate, holistic, and coordinated.

Objectives:
- Improve eligibility, assessment, case management, care planning and care coordination functions.
- Integrate information systems across the entire Medicare/Medicaid Health/Long-Term Care enterprise.
- Strengthen partnerships within DSHS and with counties, AAAs, and providers to support integrated services and coordinated case management.
- Program rules regarding amount, scope, duration of services, and participation are consistent.

Strategies
- Complete content upgrade, automation and staff training for CARE.
- Update ADSA automated assessment tool for use with individuals with developmental disabilities.
- Improve DDD assessment processes to make clear distinctions between "active" and "inactive" clients. Continue data quality improvements.
- Develop case management information system for DDD.
- Compile CARE data to identify trends in client needs and improve delivery system planning.
- Assess strengths and weaknesses of access/assessment/care coordination processes following full implementation of CARE.
- Continue integration/coordination of services between HCS/DDD such as nursing services, private duty nursing, personal care, nurse delegation, waiver services, quality assurance, and case management to ensure that amount, scope, and duration of services are consistent and that participation rules are consistent.
- Fully implement the ITEIP Data Management System, continue enhancements necessary to keep up with changing needs of infants, toddlers, and their families.
- Identify and implement methods for standard data reporting and standard client identifiers for the agency's primary business functions, eliminating redundancy and conflicts.
- Link MMIS, SSPS, MDS, CARE, APSAS, CCDB. ACES and related databases and systems to provide vital information for strategic planning, quality services, risk management and cost containment.

- Use internal and external resources as necessary to develop comprehensive Medicare-Medicaid linked data, using data use agreement with CMS.
- Fully implement quality assurance protocols for HCS, AAAs & DDD for client eligibility, assessment, care planning and case management. Includes QA links to the CARE tool, development of triggers in CARE phase 2 to determine if interventions in service plan are working, and adjustments to interventions as necessary.
- Coordinate data needs with Tribal Governments and programs.
- Monitor and make needed improvements to process developed in FY 03/05 to determine priorities for assignment of DDD resources based on client needs, ensuring that individuals and families with similar needs have equitable access to resources & services.
- Implement Washington Medicaid Integration Project in joint venture with MAA/HRSA and community partners.
- Continue projects in coordination with other state agencies and DSHS administrations such as working with MAA to improve access to medical and dental services for persons with developmental disabilities; the DD/Mental Health Collaborative Plan; co-funded employment programs between DDD and the Division of Vocational Rehabilitation; and others.
- Continue work with MAA to coordinate medical and nursing oversight of complex medical and psychiatric needs of clients. Explore funding opportunities for further necessary quality assurance activities.

Measures

- Percent of DD clients for whom CARE is complete
- Percent of case managers reporting that they could almost always sufficiently monitor the quality of services clients receive (from surveys).
- Percent compliance on DDD Plan of Care audits
- HCS QA compliance levels
- Number of clients enrolled in MIP project

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☐Public ☒Customer ☐Financial ☐Internal ☐Learning & Growth

B. IMPROVE CLIENT SELF-SUFFICIENCY – PUBLIC VALUE

Goal 1: Programs support and encourage client self-sufficiency and self-direction

Objectives:

- Programs support the critical role of family and other informal caregivers.
- Programs provide accurate and effective assistance to people who are working age and need to work.
- Programs encourage individuals to define services and supports that best meet their needs.
- Policies encourage financial participation.
- Desired services are available.

Strategies:

- Work with consumer advocates and caregiver associations to promote better understanding of the vital contributions and support needs of family and other informal caregivers.
- Conduct frequent outreach efforts in culturally diverse communities around the state.
- Expand the Family Caregiver Support Program into ADSA system. Provide specialized information, training, respite and other support services for family and other unpaid caregivers.
- Improve training and coordination of staff within ADSA, other DSHS administrations, and Area Agencies on Aging to better support the significant numbers of grandparents and relatives raising children.
- Expand preventive services such as family support to avoid more expensive out-of-home placements.
- Strengthen state-county-OSPI partnership to ensure smooth transitions from Early Intervention services by age three and to expand high school transition employment opportunities for persons with developmental disabilities
- Strengthen the school-agency partnership for school age children on Individual Education Programs who are served by multiple agencies.
- Explore funding to support high school transition program.
- Work with federal government, MAA, stakeholders, to develop policies that are consistent with other DSHS services for financial participation in DD programs.
- Expand employment opportunities for working age adults and explore outcome-based payments for employment programs.
- Provide training for case management staff, individuals, families, and guardians on individual self-direction trends and increase opportunities to self-direct services.
- Implement federal Ticket-to-Work grant with MAA.
- Identify barriers that interfere with individual choice of care setting, including Medicaid eligibility standards, lack of appropriate providers or other delivery system issues.

Measures

- Number of persons moving from Family Support only to more expensive/extensive services.
- Percentage of DDD caseload employed.
- Cost benefit ratio for Individual Employment Services (client wage relative to DDD cost).
- Percentage of individuals who report that their case managers ask them what they want (from survey).
- Numbers of individuals with client participation or average amount of client participation.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☐Public ☒Customer ☒Financial ☐Internal ☐Learning & Growth

C. IMPROVE ACCESSIBILITY AND SERVICE INTEGRATION – CUSTOMER SERVICE

Goal 1: The public understands and supports ADSA programs

Objectives:

- Promote public understanding and support for programs.
- Strengthen information and assistance functions.
- Strengthen digital access for the public.
- Strengthen program access for people with disabilities.
- Promote culturally sensitive and appropriate programs.
- Improved coordination with service partners.

Strategies:

- Educate elected officials, news media, consumers and opinion leaders on critical issues.
- Convene discussions with decision makers and the public regarding the state's, communities' and individuals' shared responsibility for supporting ADSA clients.
- Continue to develop and improve ADSA internet and print resources, including policy, program descriptions, eligibility, access and quality assurance.
- Define and strengthen DD information and assistance functions .
- Provide information in accessible formats and translated versions to individuals, staff, providers, stakeholders about mandates, resources, program changes, opportunities for input.
- Continue providing cross-training to service providers and staff on issues related to substance abuse and persons with developmental disabilities.
- Continue coordination with RSNs regarding crisis intervention and hospital diversion.
- In collaboration with DASA, MHD, the Co-Occurring Disorders Interagency Committee (CODIAC), investigate whether federal grant monies are available for a Group Care Enhancement pilot project to support individuals with developmental disabilities in an in/outpatient substance abuse/chemical dependency treatment setting.
- Continue participation in Co-Occurring Disorders Conference and CODIAC committee.
- Continue coordination with other DSHS administrations and other state agencies on improving services to shared clients.
- Continue work on integration and consistency between HCS and DD to meet the needs of individuals whose needs cross both service delivery systems.
- Continue work on prescription access/education program.
- Continue coordination with federal Benefits Check Up program.
- Continue participation in the federal Individuals with Disabilities Education Act to enhance implementation of early intervention services statewide.

Measures

- Number of substance abuse treatments received by clients with developmental disabilities.
- Number of Internet hits.
- WMIP caseload.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☒Public ☒Customer ☐Financial ☐Internal ☐Learning & Growth

D. IMPROVE CUSTOMER SERVICE – CUSTOMER SERVICE

Goal 1: Customers are satisfied with service quality, responsiveness, value

Objectives:
- ADSA service system reflects consideration of consumer and stakeholder needs and input.
- Individuals, families, providers, stakeholders are partners in the service delivery systems.

Strategies:
- Use customer, public, provider surveys to identify opportunities in customer service.
- Support consumer self-direction.
- Publicize grievance policies and procedures.
- Obtain feedback from minority customers on service barriers.

Measures
- Percentage of clients reporting high satisfaction with quality of care (from surveys).
- Percentage of clients reporting ability to find providers to provide regular services when needed (from surveys).
- Percent of families reporting ability to contact case manager whenever they need to (from surveys).
- Minority client numbers reflect the general population.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☒Public ☒Customer ☐Financial ☐Internal ☐Learning & Growth

E. INCREASE FINANCIAL RECOVERIES - FINANCIAL PERSPECTIVE

Goal 1: Services are cost-effective to the State of Washington

Objectives:
- Reduce unnecessary use of nursing facilities and institutions.
- Develop cost-effective and efficient payment models for all settings.
- Improve accountability and achieve budget savings by managing access to Medicaid benefits.
- Medicare and VA benefits are accessed to the maximum extent possible.
- Available benefits are coordinated to maximize services.

Strategies:
- Reduce nursing home Medicaid caseload to 12,000 by continuing to refine case management strategies to relocate persons receiving Medicaid nursing home care to home/community settings consistent with individual choice and safety.
- Relocate persons with developmental disabilities from institutional settings to home/community settings consistent with client choice and safety.

- Manage DD waivers to minimize the number of people who need to move from waivers for persons requiring lower levels of support to waivers for persons requiring higher levels of support.
- DDD QCC team review and monitor Medicaid waiver files for compliance.
- Work with MAA and HRSA to integrate health/LTC services and manage the Medicaid budget for the aged/blind/disabled population. Target high-cost ER, hospitals, pharmacy, durable medical equipment and nursing facility cost centers.
- Reduce Fircrest census consistent with Legislative goals and direct resources to less costly community services.
- Establish more consistent payment models for supported living.
- Implement project with Veterans' Administration and MAA to maximize VA funding of long-term care services, prescription drugs, and durable medical equipment. Through the project, assist eligible veterans and their families to access previously un-tapped pension benefits or compensation.
- Identify research-based best practices for early intervention and prevention services, share with providers, and provide incentives for providers to adopt.
- Review caseload to ensure that only persons who are eligible for DD services are on the caseload and that services continue to be necessary and appropriate.
- Complete DD cost containment projects and identify additional projects through data review.
- Continue to use all federal, state and local funding sources in a coordinated manner for providing early intervention services.

Measures

- Savings generated from DD cost containment projects
- Nursing home and RHC caseloads
- Decreased state hospital admissions
- Percent of CARE assessment scores among persons displaced by Fircrest downsizing that indicate non-significant change.
- Average cost/case
- Savings generated from VA project
- Compliance with federal DD waiver requirements.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☐Public ☐Customer ☒Financial ☐Internal ☐Learning & Growth

F. INCREASE PREVENTION AND CARE - FINANCIAL PERSPECTIVE

Goal 1: Well-coordinated and funded early intervention and prevention programs have a positive impact on the lives of individuals and reduce the need for future services

Objectives:

- Early intervention is recognized as a state mandate.
- Relationships with Tribal Governments are strong and services are coordinated with tribes and provided in a culturally competent manner.
- ITEIP services enable children to enhance their abilities.
- Crisis situations are averted to the extent possible.

Strategies:

- Work with Governor's Office, OSPI, and DOH, to consider formalizing early intervention programs for infants and toddlers as a state priority.
- Expand preventive services for individuals with dementia and their families such as family counseling and support, caregiver training, and Alzheimer focused day care.
- Involve tribal governments in development ADSA services.
- Participate in federal disease management pilot projects to coordinate care and reduce the need for future services.
- Implement follow-up visits, assessments, and interventions where needed for persons moved from Fircrest.
- Continue to implement DDD quality assurance procedures for persons moving from institutional settings to community placements.
- Increase the number of persons receiving psychoactive and anti-convulsive medications who are monitored for side effects using standardized assessment tools.
- Audit client records to ensure compliance with policies for persons receiving psychotropic medications.
- Continue to work with other DSHS administrations on WMIP.

Measures

- Percentage of children who receive ITEIP services who are no longer eligible for special education services by their third birthday.
- Percentage of children with IFSPs disaggregated by race/ethnicity is proportionate to the general state population.
- Family satisfaction surveys show increased capacity to enhance outcomes for children.
- Percentage of children receiving services primarily in home and community based settings and in programs designed for typically-developing children.
- Percentage of children in Part C programs demonstrating improved/sustained functional abilities.
- Number of clients enrolled in WMIP and/or CMS demonstration projects.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☒Public ☒Customer ☒Financial ☐Internal ☐Learning & Growth

G. IMPROVE WORKFORCE DEVELOPMENT AND DIVERSITY – INTERNAL PROCESS

Goal 1: ADSA operates as one coordinated administration for the benefit of individuals accessing ADSA services

Objectives:

- Staff at all levels have access to necessary organizational information, including information about other DSHS administrations.
- Staff at all levels have opportunities to participate in strategic planning, goal setting, assessment of performance.
- Staff throughout the administration feel that they are treated fairly and that their work is respected.
- Services are culturally and linguistically appropriate.
- Staff retention rates are high.

- Managers/supervisors/staff have the skills to provide high quality services to a diverse population.

Strategies:
- Continue early and frequent communication via Assistant Secretary memos.
- Provide regular opportunities for input into strategic plan, goals, assessment of performance through local meetings and electronic methods.
- Complete report of reorganization activities and accomplishments and share with all staff.
- Provide opportunities for staff to learn about other programs, administrations, or agencies to enhance ability to serve clients (including other ADSA programs, MAA, MHD, OSPI, DCTED, DOH).
- Continue to promote Quality Improvement processes.
- Continue to recruit for underrepresented groups to enhance capacity for delivery of culturally appropriate services and continue to recruit staff who speak languages of clients served.
- Strengthen data analysis skills to improve strategic planning for high-risk clients, in cooperation with MAA and RDA.
- Analyze quality assurance findings (HCS, RCS & DD) to identify system problems and feedback recommendations for strategic planning purposes.
- QCC team administers consistent statewide case management training.
- Identify affordable training opportunities and make available to staff.
- Include assessment of succession planning strategies in annual performance evaluations of managers.
- Make training/mentoring/job shadowing opportunities available to fill managerial positions expected to be vacated due to retirement.
- Explore flexible work arrangements to retain quality staff.
- Explore partnerships with colleges/universities to develop staff expertise in needed areas and/or help with recruitment.
- Develop formalized quality paradigm with clear expectations regarding compliance, statewide consistency and accountability. Include performance indicators, methods of monitoring indicators, standards to which individuals will be held accountable, and plans to improve proficiency in key indicators.

Measures
- Percentage of staff with incomplete training records that have attended one or more of the required trainings.
- Staff turnover rates
- Percentage of staff who speak multiple languages
- Quality assurance findings that have been corrected/improved over time.

This goal contributes to the following Balanced Scorecard perspectives:
Themes: ☒Public ☒Customer ☐Financial ☒Internal ☒Learning & Growth

Chapter 5 ● Organization Assessment Summary

PERFORMANCE ASSESSMENT

ADSA established a variety of performance targets for the FY 03/05 biennium in an agreement between the Department Secretary and the ADSA Assistant Secretary. Highlights of progress towards these targets include:

Several new programs are well underway, including in-home nurse delegation, Personal Assistant Recruitment/Retention (PARR), prescription access/education, and service coordination models for mobility-impaired individuals. Other projects have not progressed as far as expected, including cluster care and inclusion of a long-term care benefit in the Washington Medicaid Integration Project (WMIP). WMIP will continue to be a major focus in FY 05/07.

The ADSA reorganization is largely complete. Achievements include approval of the DD waivers, an established process for allocation of DD resources, a successful cost containment initiative, and work on improving the residential rate structure for DD programs. These programs will also be featured in the FY 05/07 work plan.

In FY 04, ADSA completed implementation of the CARE assessment tool statewide for long-term care clients. Work has begun to revise and implement the tool for use with individuals with developmental disabilities.

Legal challenges slowed the Fircrest downsizing somewhat, but it is now proceeding to meet Legislative expectations. In the FY 05/07 biennium, discussions will take place to plan for any future reduction in RHC census.

COST REDUCTION STRATEGIES

ADSA's philosophy of emphasizing home and community services over institutional services has resulted in a gradually reduced average cost per case for long-term care and DDD services. We continue to focus on this effort for long-term care services and are expanding efforts to achieve savings in programs for individuals with developmental disabilities.

In 2004, ADSA initiated a project to identify cost containment opportunities in DD programs. The cost containment project identified projects to be investigated during the 03-05 biennium. Projects range from the very technical to broad management activities. Some of the identified projects will result in no quantifiable savings, some may result in large savings. However, all are areas that have been identified as having potential for improving credibility and accountability in DD programs and/or making expenditures more efficient in the programs.

Projects already completed that have achieved savings or improved efficiency of expenditures include 1) the review of all children as they reach 5 ½ years of age to ensure continued eligibility for services; 2) applying lump sum Social Security payments that "disabled adult children" in RHCs receive towards the cost of the individuals' care; 3) review of cases where individuals received more than one day

program; and 4) correction of coding of the basic rate for residential services to maximize federal revenue. Much of this savings will carry forward into the FY 05-07 biennium.

ADSA divisions will continue to share experiences regarding institutional downsizing, the development of community resources, and quality assurance follow-up after community placement. This will include successes and lessons learned, in order to reduce cost and maximize positive outcomes.

Chapter 6 ● Capacity Assessment Summary

INFORMATION TECHNOLOGY PLAN

A major technology focus for ADSA during the FY 05-07 biennium will be development of a case management information system for Developmental Disabilities programs. In June 2003 a Joint Legislative Audit and Review Committee (JLARC) audit identified the need for an automated case management system for DD. In response to the audit, ADSA developed a plan for such a system. The plan is discussed in more detail in reports to the JLARC dated October and December 2003.

Development of an automated case management system will take significant staff and financial resources. System development is expected to begin in January 2006 and be completed by December 2009. The total cost of system development is expected to be approximately $14.4 million.

The plan calls for ADSA's Office of Technology to manage technical development and technical project management while the Division of Developmental Disabilities will manage program policy. We believe that while work on the automated system will consume significant time and resources, it will also greatly enhance our ability to meet all of ADSA's goals discussed earlier in this document. In addition, it will help meet the goals outlined in the DSHS IT Plan of:

- Supporting the DSHS Integration Initiative with business-driven technology solutions that are secure and maintain confidentiality
- Enhancing data and analysis capacity to manage budget, caseloads and service delivery
- Enhancing and maintaining information technology across the department to meet changing needs and capacity requirements
- Managing information technology in DSHS using sound project management and quality improvement practices
- Supporting and enabling access to information and services through the use of technology

SUCCESSION OR WORKFORCE DEVELOPMENT PLAN

By the end of 2005, two-thirds of ADSA's managers will be eligible for retirement. The potential loss of the management expertise and program experience could hit hardest in the Executive Management team where five of the seven managers reporting directly to the Assistant Secretary will be eligible for retirement, and in the Division of Developmental Disabilities where almost three-quarters of managers will be eligible for retirement within the next two years. In both DDD and the Home and Community Services Division, the field could be hit hardest with the loss of managerial expertise through retirement.

ADSA has developed strategies to mitigate the losses that will occur with retirements. They include:

- Encouraging staff to complete "Basics of Supervision" and "Management Orientation" courses;
- Increasing attendance of staff at the DDD leadership training courses;
- Implementing informal mentoring programs in each division;
- Encouraging temporary rotations, acting appointments, and job shadowing;
- Doing more targeted recruitment in professional areas where retirements will cause the loss of skills such as recruiting at nursing schools, advertising in professional and trade journals, attending university job fairs, and using college career recruitment options.

FACILITY PLAN

In the FY 2003-05 budget, the Legislature directed DSHS to consolidate vacancies in the state's five Residential Habilitation Centers (RHCs) during the 2003-05 biennium in order to downsize Fircrest School. Under the legislative mandate, Fircrest must close a total of four cottages and decrease its population by approximately 60 clients (the total census at Fircrest is currently approximately 250). The budget also assumed that Rainier School would re-open cottages and receive some Fircrest residents, and that other RHCs would be able to provide services to former Fircrest residents. In addition, the budget provided funds for some Fircrest residents to be served in community settings.

The 2003-05 budget does not direct the complete closure of Fircrest. However, the budget language appears to reflect a legislative movement leading to closure. This policy direction is consistent with the direction that the federal government and many other states are taking to expand services in the individual's natural community or own home. ADSA has instituted a project plan with a short term goal of accomplishing the closure of four cottages at Fircrest, as directed by the Legislature. The project plan also includes a long-term goal of developing a transition plan for the closure of Fircrest during the FY 05-07 biennium.

DIVERSITY PLAN

ADSA believes a diverse work force provides more insight into the needs of our customers and ultimately, a higher quality of service delivery. The diversity plan for ADSA represents our commitment to carry out steps in order to accomplish the following:

- With the assistance of the Department of Personnel (DOP) and other state agencies, lead a statewide effort to enhance the diversity in ADSA's workforce and contracting.
- Look at improving the use of internships, supported employment, mentoring and work experience options.
- Establish partnerships with stakeholders, other state agencies, business organizations and advisory boards to develop and implement statewide innovations in diversity recruitment, contracting and service delivery.
- Make use of Internet technology and other non-traditional recruitment advertising through different media sources for employment and contracting.
- Continue working closely with clients, advocacy groups, and other stakeholders to provide the best quality services for the people we serve.
- Continue our efforts in Olmstead implementation.

INDIAN POLICY PLAN

ADSA is committed to compliance with DSHS Administrative Policy 7.01 to ensure that planning and service delivery are coordinated with American Indian governments and communities. ADSA regions develop and coordinate plans, policies, budgets, manuals and operational procedures with input from tribal governments, landless tribes, off-reservation American Indian organizations, and American Indian participants. Coordination work accomplished by ADSA that will continue into the coming biennia includes:

- ITEIP and the DSHS Office of Indian Policy and Support Services (IPSS) coordinate technical assistance for contract arrangements. ITEIP, IPSS, and the Indian Policy Advisory Council continue to work to strengthen ties with tribal governments and to assist in bringing local agencies and tribal governments together. Tribal governments are given the opportunity to apply directly to ITEIP or as subcontractors with the local early intervention services lead agency in their geographic area.
- DDD Regional Case Resource Managers are working with American Indian individuals to contract with the department to provide Medicaid Personal Care services.
- DDD regions are working on having interagency agreements to share information in order to identify clients and their tribal affiliations, with groups such as the American Indian Community Center, the Native Project and the Colville Confederated Tribes. Regions have regular meetings with Case Resource Managers and individual American Indian clients to review family support services.
- The Indian Policy and Support Services (IPSS) teamed up with the Indian Policy Advisory Committee (IPAC), tribes across Washington and ADSA to host a conference titled *Washington Tribal Aging Issues and Answers*. Some of the topics at the conference included kinship care, elder abuse, wellness issues, residential housing for elders, traditional medicines and elder legal issues. It was

held at the Quinault Beach Resort at Ocean Shores and attended by approximately 400 individuals.

- ADSA is working with the tribes to develop customized memorandums of understanding (MOUs) between the state and tribal governments. The MOUs would create better relationships between the state and tribal governments. In preparation, the Attorney General's office has reviewed and approved an outline and guidelines for such agreements. Adult Protective Services is currently looking into modifying the APSAS information system to gather more useful information to deliver more appropriate services to the tribes.
- ADSA is working with the Governor's Committee on Disability Issues and Employment in our outreach efforts to the Tribes about self-directed care.
- All the Area Agencies on Aging are adding specific strategies of engaging tribal elders in the Area Plans.
- ADSA has been actively meeting with HHS, HUD and CMS to develop long-term care options, such as assisted living or adult family home facilities on Tribal land. The Lummi, Colville, Cowlitz and Yakama Tribes have express interest in identifying regulations that may be seen as barriers to the Tribes becoming providers of long-term care. ADSA has applied and received technical assistance grant funding through HUD and the Office of Community Development to explore options and identify barriers that would lead to creation of memorandums of understanding with each interested tribe.

This document is also available electronically at:
www1.dshs.wa.gov/strategic

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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